

Name
in
Full

CERTIFICATE OF DEATH

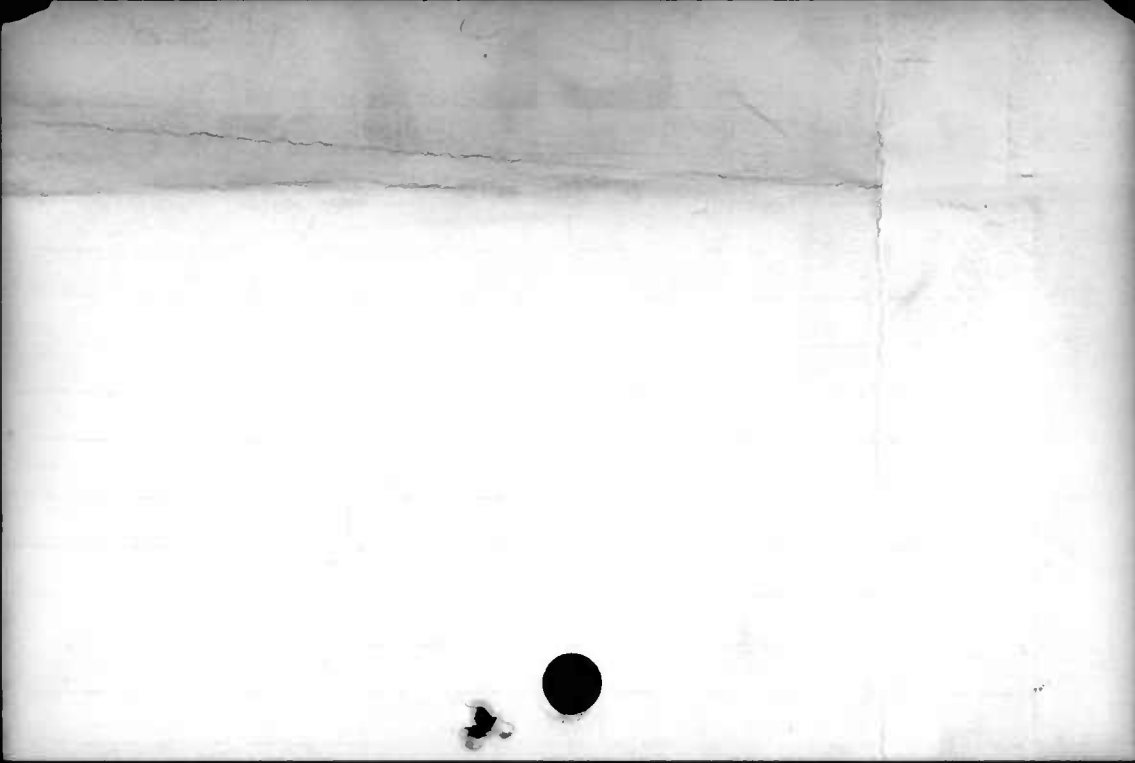
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grantsville</i>		Town <i>Baker</i>		County <i>X</i>		MARYLAND	
Date of death 1902	Month <i>Jan</i>	Day <i>30</i>	Age	Years	Months	Days	<i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>				
Name of Wife or Husband							
Father's Name <i>Harvey Baker</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Willa Lundgaard</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Doc F. Stahl</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

Primary	<i>Not Known</i>	How long
Immediate	<i>Not Known</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>H. L. Bevans</i>
		Address <i>Grantsville</i>
Accident or Suicide?		<i>Ind</i>

PHYSICIAN
OR CORONER
(1)



Name in Full

Certificate of Death

Benjamin Coddington

Town

County

Died at

Trentonville Garrett

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 19

Age 52-2-23

Md

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

3

Husband of

Sally Coddington

Father's

Name

William Coddington

Mother's

Maiden Name

Cause of

Primary

Cardiac dropsy

Death

Immediate

Heart Failure

How long sick

7 days

~~Accident, Suicide, Homicide~~

Reported by

A. J. Mason M.D.

Address

Trentonville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name In Full

Certificate of Death

Patrick Dorsey

Town

County

MARYLAND

Died at Shad mill

Barren

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	1	10	84				
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name

Mother's Name

154

Cause of Primary

old age

How long sick

4 days

Death Immediate

Accident, Suicide, Homicide

Reported by

Schau & Meyer Undertakers

Address

Frostburg

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79099

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name in Full

Certificate of Death

August Richard ^{Town} ^{County} ^X
 Died at Kyser Garrett MARYLAND
 Date 1902 Jan 30 Y. M. D. Age 47 Native of Md Occupation Farmer
 Male White Married Widow Divorced Number of children living Four
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widows~~
 Husband of _____
 Wife _____
 Father's Name August Richard Mother's Name 117
 Cause of Death { Primary Dropsy Immediate Cirrhosis of Liver How long sick 2 years
Accident, Suicide, Homicide
 Reported by Th. A. Hammerschlag M.D.
 Address Accident Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Cecil Robinson X

Town

County

Died at

New Germany

Saratoga

MARYLAND

Date 19

02

Month

Day

Jan 27

Age

2

Y.

M.

D.

Native of

Ind

Occupation

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Robinson

Mother's

Maiden Name

Minnie Stephens

Cause of

Primary

La Grippe

How long sick

Death

Immediate

Unk. Cause

Accident, Suicide, Homicide

Reported by

H. L. Berens

Address

Grantville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

